2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# L99000003382

Entity Name: HEALTH IMAGING NETWORK, L.L.C.

Current Principal Place of Business:

2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON, FL 33331

New Mailing Address:

FEI Number: 59-3608657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 334310000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILLER, ROBERT J
Address: 2625 EXECUTIVE PARK DRIVE, SUITE 1
City-St-Zip: WESTON, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, DAVID J
Address: 2625 EXECUTIVE PARK DRIVE, SUITE 1
City-St-Zip: WESTON, FL 33331

Title: VP ( ) Change (X) Addition
Name: COLLAZO, ANAIS
Address: 2625 EXECUTIVE PARK DR STE 1
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID FERNANDEZ MGRM 09/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date